

JCPSeSchool/Independent Study Application

PLEASE CHECK WHICH PROGRAM YOU WANT TO ENROLL THE STUDENT IN.

JCPSeSchool

Independent Study

900 South Floyd Street • Louisville, KY 40203 • **485-7800** Fax: 485-7801
Hours: Mon. ,Wed., and Fri: 8 a.m.– 4:30 p.m. • Tues. and Thurs.:8 a.m.–8:30 p.m.

LAST NAME: (Please print all information except signatures.)		FIRST NAME:		MI:
DATE OF BIRTH:	STREET ADDRESS:		TELEPHONE NUMBER: ()	
CITY	STATE	ZIP CODE	SEX (Circle One) Male Female	
SCHOOL NAME:		REQUIRED DATE OF COMPLETION		
EMAIL ADDRESS:	COURSE NUMBER:	COURSE TITLE:		

COUNSELOR AUTHORIZATION:

COUNSELOR'S NAME (Please print.) _____

COUNSELOR'S SIGNATURE _____ DATE _____

STUDENT: I have been made aware of the policies and procedures for JCPSeSchool and agree to all the requirements contained therein.

STUDENT'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN: I agree to enroll the student named above as a part-time student in Jefferson County High School/Jefferson County Public Schools. **For parents/guardians of private, parochial, and homeschooled students only**

PARENT'S SIGNATURE _____ DATE _____

Important Information

- The student must enroll at the **JCPSeSchool/Independent Study Office in person.**
- This application must be signed by authorized school personnel to be valid.

JCPSeSchool Students

- Tuition must be paid at the time of enrollment.
- There is an additional fee for courses that require textbooks or additional materials.

Independent Study Students

- Tuition and fees must be paid at the time of the enrollment.
- The cost of the textbooks varies and is **not** included in the tuition.



www.jcpsky.net
 EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
 OFFERING EQUAL EDUCATIONAL OPPORTUNITIES
 JCPSeSchool/IS Application 11/11

OFFICE USE ONLY

TUITION:	FEES:	TOTAL:	DATE OF ENROLLMENT:
CASH PAID:	CHECK PAID:	MASTERCARD/VISA PAID:	RECEIPT NO.: